



Fauquier Housing Corporation, a 501 ( c ) 3 not-for profit housing provider, is assisting Fauquier County as the Rehabilitation Specialists for the Virginia Neighborhood Stabilization Program.

On August 31, 2009, Governor Timothy M. Kaine announced the award of funding through the Neighborhood Stabilization Program (NSP), to be used to purchase and rehabilitate foreclosed homes and make them available for resale to low, moderate and middle-income families. As part of this program, Fauquier County was awarded \$1.5 million to implement their proposed NSP projects.

Neighborhoods eligible for targeting through the NSP must exhibit concentrations of foreclosure. Fauquier County will work in three neighborhoods, one each in the communities of Warrenton, Bealeton and Remington. The initial funding allocation will be used to purchase up to three homes in each targeted neighborhood at a discount price. The homes will be rehabilitated and made available for sale to eligible families. The proceeds from the sale of these homes will be recycled into the program and made available to purchase more homes, expanding the number of homeowners that can be assisted.

Fauquier Housing Corporation will be qualifying contractors to complete rehabilitation work on these units. Contractors must complete the attached NSP Contractor Application and meet the NSP Contractor Application requirements to be considered eligible to be placed on the competitive bidder list for NSP Rehabilitation Contracts.

For additional information about the Fauquier County NSP projects, please contact Christopher Moyles, Fauquier Housing Corporation, 540- 341-2805, [chris@fauquierhousing.org](mailto:chris@fauquierhousing.org).



All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached. .

Please return to: **Mr. Christopher Moyles, Executive Director, Fauquier Housing Corporation, 11 Culpeper St. Warrenton, VA 20188. This statement must be notarized**

1. Name, address, phone number, contractor license #, and IRS number (or owner's social security #) of company.
2. List your company's owner and principal officer and date and place organized.
3. Describe general character of work performed.
4. List any work awarded failed to be completed or contracts defaulted on. Note where and why.
5. List three most important recent contracts over \$10,000. State the owner, work, approximate cost, place, date started and date completed.
  1. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  2. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
  3. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
6. List the contracts upon which you are currently working. State the owner, location, approximate cost, and estimated date of completion.

7. List three material suppliers and amount of credit available.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_

8. List bank references and amount of credit available.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_

9. List insurance coverage and amount.

Liability-Property : \_\_\_\_\_ \$ \_\_\_\_\_  
Liability-Personal Injury : \_\_\_\_\_ \$ \_\_\_\_\_  
Vehicle and Equipment : \_\_\_\_\_ \$ \_\_\_\_\_  
Other- \_\_\_\_\_ : \_\_\_\_\_ \$ \_\_\_\_\_  
(identify)

10. List subcontractors utilized. State name, address, specialty, subcontractor license #, and years of experience.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

11. Provide a general description of the experience of the company and its key personnel.

12. Number of current full-time employees \_\_\_\_\_  
Number employed at highest level in past twelve months \_\_\_\_\_

13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing & Urban Development, or Virginia Department of Highways?  
☐ YES ☐ NO

14. All contractors, subcontractors and their workers, including electricians, must have attended Lead Safe Work Practices training in order to be considered for work under this program. Have all of your workers attended this training?  
☐ YES ☐ NO If yes, complete the Employee Training Record.

If not, they will be required to attend the training before they can work on a project site.  
Do you need information about LSWP classes? ☐ YES ☐ NO

The undersigned hereby authorizes and requests any person, firm or Corporation to furnish any information requested by \_\_\_\_\_ in verification of the recitals comprising this statement of contractor's qualifications:

Contractor: \_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says that he/she is \_\_\_\_\_ of \_\_\_\_\_ and that the answers to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE: \_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration number: \_\_\_\_\_

## EMPLOYEE TRAINING RECORD LBP-RELATED WORK

Contractor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name	Training Type and Level

Training Levels: **In** = Initial      **Rf** = Refresher

Training Types:

**LS**                      Licensed Supervisor  
**LW**                      Licensed Worker  
**OSHA**                      Basic OSHA training, including respirator rules  
**4-Day**                      Equivalent to EPA Supervisor; no license  
**3-Day**                      Equivalent to EPA Worker; no license  
**2-Day**                      Equivalent to brief EPA Worker  
**1-Day**                      HUD LBP Training "Addressing LBP Hazards during Renovation, Remodeling and Rehabilitation in Federally Owned and Assisted Housing" aka Lead Safe Work Practices

**Note: All contractors, subcontractors and workers must have, at a minimum, the Lead Safe Work Practices training to work on DHCD housing rehabilitation projects consisting of interim controls.**